

2881

DEC 02 2002

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

12

Application Number	09/732,927
Filing Date	December 11, 2000
Confirmation No.	2306
First Named Inventor	Nobuo SHIMAZU et al.
Group Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	740107-135

ENCLOSURES (check all that apply)

Fee Transmittal Form
 Fee Attached
 Amendment / Reply
 After Final
 Affidavits/declaration(s)
 Extension of Time Request
 Express Abandonment Request
 Information Disclosure Statement
 Certified Copy of Priority Document(s)
 Response to Missing Parts/ Incomplete Application
 Response to Missing Parts under 37 CFR 1.52 or 1.53

Assignment Papers
(for an Application)
 Submission of Substitute Drawings and Fig. 1
 Declaration and Power of Attorney
 Licensing-related Papers
 Petition
 Petition to Convert to a Provisional Application
 Power of Attorney, Revocation Change of Correspondence Address
 Terminal Disclaimer
 Request for Refund
 CD, Number of CD(s) _____

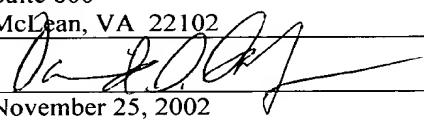
After Allowance Communication to Group
 Other

Remarks

The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.

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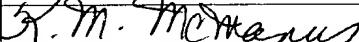
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	David S. Safran, Reg. No. 27,997 Nixon Peabody LLP 8180 Greensboro Drive Suite 800 McLean, VA 22102
Signature	
Date	November 25, 2002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

November 25, 2002

Type or printed name	K.M. McManus
Signature	
Date	November 25, 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

FEE TRANSMITTAL FOR FY 2002

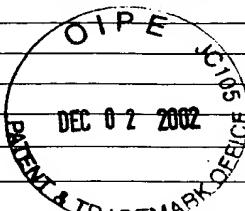
Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$400.00)

Complete if Known

Application Number	09/732,927
Filing Date	12/11/2000
First Named Inventor	Nobuo SHIMAZU et al.
Examiner Name	K. Fernandez
Art Unit	2881
Attorney Docket No.	740107-135



METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number

19-2380(740107-135)

Deposit Account Name

Nixon Peabody LLP

The Commissioner is authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments
<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	

to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	740	2001	370	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	510	2003	255	Plant filing fee	
1004	740	2004	370	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1)

(\$ 0)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims	Fee from below	Fee Paid
Total Claims	14	-20** =	0 X 18	= 0
Independent Claims	1	-3** =	0 X 84	= 0
Multiple Dependent			X 280	= 0

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202	18	2202 9 Claims in excess of 20
1201	84	2201 42 Independent claims in excess of 3
1203	280	2203 140 Multiple dependent claim, if not paid
1204	84	2204 42 ** Reissue independent claims over original patent
1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description
Fee Code	Fee (\$)	Fee Code (\$)
1051	130	2051 65 Surcharge - late filing fee or oath
1052	50	2052 25 Surcharge - late provisional filing fee or cover sheet
1053	130	1053 130 Non-English specification
1812	2,520	1812 2,520 For filing a request for <i>ex parte</i> reexamination
1804	920*	1804 920* Requesting publication of SIR prior to Examiner action
1805	1,840*	1805 1,840* Requesting publication of SIR after Examiner action
1251	110	2251 55 Extension for reply within first month
1252	400	2252 200 Extension for reply within second month
1253	920	2253 460 Extension for reply within third month
1254	1,440	2254 720 Extension for reply within fourth month
1255	1,960	2255 980 Extension for reply within fifth month
1401	320	2401 160 Notice of Appeal
1402	320	2402 160 Filing a brief in support of an appeal
1403	280	2403 140 Request for oral hearing
1451	1,510	1451 1,510 Petition to institute a public use proceeding
1452	110	2452 55 Petition to revive - unavoidable
1453	1,280	2453 640 Petition to revive - unintentional
1501	1,280	2501 640 Utility issue fee (or reissue)
1502	460	2502 230 Design issue fee
1503	620	2503 310 Plant issue fee
1460	130	1460 130 Petitions to the Commissioner
1807	50	1807 50 Processing fee under 37 CFR 1.17(q)
1806	180	1806 180 Submission of Information Disclosure Stmt
8021	40	8021 40 Recording each patent assignment per property (times number of properties)
1809	740	2809 370 Filing a submission after final rejection (37 CFR 1.129(a))
1810	740	2810 370 For each additional invention to be examined (37 CFR 1.129(b))
1801	740	2801 370 Request for Continued Examination (RCE)
1802	900	1802 900 Request for expedited examination of a design application

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$400.00)

CERTIFICATE OF MAILING

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K. M. McManus
Name: K. M. McManus

Complete (if applicable)

SUBMITTED BY

Name (Print/Type)	David S. Safran	Registration No. (Attorney/Agent)	27,997	Telephone	703-770-9300
Signature	<i>David S. Safran</i>			Date	November 25, 2002